FASD - Facility Assessment Detail

This screen is used to document the details of a completed license assessment for a specific facility.

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CAFSFASD                    FACILITY ASSESSMENT DETAIL         07/08/2016    16:03
USER ID : C81285    MODIFY
PROV NO : 0001054  001        PROV NAME: FINKLE FOSTER HOME
                              FACIL NAME: FINKLE FOSTER HOME


DATE OF ASSESSMENT : 12/18/2010
TYPE OF ASSESSMENT : LRA  LICENSING/REGISTRATION AS
CONDUCTED BY       : FRS  FAMILY RESOURCES SPECIALIST
RECOMMENDATION     : REG  REGULAR

MISSING REQUIREMENTS :
ASC  AFTER SCHOOL CARE




COMMENTS :
NEED TO MAKE ARRANGEMENTS FOR AFTER SCHOOL CARE OF SCHOOL AGED CHILDREN
PLACED IN THEIR FACILITY.
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
APPROVAL :     BY :              DATE APPROVED :         APPROVER'S COMMENTS:



                                                            PATH: _
```

Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)
This field will display the provider number of the provider who was entered on the FASL (Facility Assessment List) screen.

PROV NAME
This field will display the name of the provider whose ID is entered in the PROV NO field.

FACIL NAME
This field will display the facility name of the provider whose ID is entered in the PROV NO field.

DATE OF ASSESSMENT
Enter the date the assessment was completed for this facility.

TYPE OF ASSESSMENT (F12)
Enter the type of assessment that was completed for this facility.

CONDUCTED BY (F12)
Enter the person/agency who conducted the assessment for this facility.

RECOMMENDATION (F12)
Enter the license recommendation based on the completed assessment for this facility.

MISSING REQUIREMENTS (F12)
Enter any missing requirements identified during the assessment for this facility. This is particularly important if the recommendation is "provisional" or "denied". *Up to eight (8) codes can be entered.*

COMMENTS
Enter any comments regarding the assessment. This field is free-form text.

APPROVAL
As the supervisor, enter "A" to approve the assessed license recommendation or "D" to deny the assessed license recommendation.

BY
This field will display the C number of the supervisor who approved the assessed license recommendation.

DATE APPROVED
This field will display the date the supervisor approved the assessed license recommendation.

APPROVER'S COMMENTS
As the supervisor, enter any comments regarding the approval/denial of the assessed license recommendation. This field is free-form text.

Additional Information

None.